

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90086 007 \*\*\*\*70.00

**DOCUMENT # N00000002075**

1. Entity Name  
**MARY JOE BATTLE MACDONALD SCHOLARSHIP FOUNDATION  
, INC.**



Principal Place of Business  
**C/O ANN KEUSCH  
5255 COLLINS AVE., #3B  
MIAMI FL 33140**

Mailing Address  
**C/O ANN KEUSCH  
5255 COLLINS AVE., #3B  
MIAMI FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0992009**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KEUSCH, ANN G  
5255 COLLINS AVENUE, #3B  
MIAMI FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>P</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>KEUSCH, ANN G</b>              |  |
| STREET ADDRESS | <b>5255 COLLINS AVENUE #3B</b>    |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33140</b>             |  |
| TITLE          | <b>V</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>GLICKSTEIN, LAUREL</b>         |  |
| STREET ADDRESS | <b>3342 AMSTERDAM AVENUE</b>      |  |
| CITY-ST-ZIP    | <b>COOPER CITY FL 33026</b>       |  |
| TITLE          | <b>ST</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BLAKE, JANE G</b>              |  |
| STREET ADDRESS | <b>7601 COQUINA DRIVE</b>         |  |
| CITY-ST-ZIP    | <b>NORTH BAY VILLAGE FL 33141</b> |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>DALLAS, SUE</b>                |  |
| STREET ADDRESS | <b>9621 SW 118TH PLACE</b>        |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33186</b>             |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>JENKINS-JAEGER, CAROLYN</b>    |  |
| STREET ADDRESS | <b>5869 HARRINGTON WAY</b>        |  |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33496</b>        |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>MACDONALD, ROBERT</b>          |  |
| STREET ADDRESS | <b>19321 NE 19TH AVE</b>          |  |
| CITY-ST-ZIP    | <b>NORTH MIAMI BEACH FL 33179</b> |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ANN G. KEUSCH*  
**ANN G. KEUSCH**

**3-29-03 305-893-8771 ext**

CR2E037 (10/02)